

Membership Application form

BAFE DS301 Scheme



This application form is for companies wishing to receive certification of competence and approval under the following scheme: NAPIT Membership (in all cases) BAFE DS301. As a pre-requisite for registering with this Scheme, for the installation module, companies shall require registration with a Competent Person Scheme (CPS) for electrical installation work in dwellings (England & Wales) or equivalent for Scotland and Northern Ireland.

Please fill out this application form online or print and complete in CAPITAL LETTERS using black ink. Return with all required supporting documents to applications@napit.org.uk or post to NAPIT Administration Centre, 4th Floor Mill 3, Pleasley Vale Business Park, Mansfield, Nottinghamshire NG19 8RL.

If you have any problems filling in this form, please contact our Registrations Advisors who will be happy to assist, on 0345 543 0330.

1. Company Details			
Sole Trader	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
Limited Company	<input type="checkbox"/>	Company Registration No.	<input type="text"/>
Other <input type="text"/>			
Membership number (existing NAPIT members only)		<input type="text"/>	
Company registered name		<input type="text"/>	
Company trading name		<input type="text"/>	
Building number or name		<input type="text"/>	
Street	<input type="text"/>		
District	<input type="text"/>		
Town	<input type="text"/>		
County	<input type="text"/>	Postcode	<input type="text"/>
Business telephone number	<input type="text"/>	Fax number (if available)	<input type="text"/>
Enquiry email address	<input type="text"/>		
Website address	<input type="text"/>		
Please indicate here the total number of operatives that are relevant to the BAFE DS301 Scheme being applied for <input type="text"/>			
Please indicate here how many operatives you wish to register as competent for the BAFE DS301 Scheme. If more than two, copy the back page of this form as needed (additional fees will apply). <input type="text"/>			

Details given above must be that which you wish to be made public onto the relevant registers as detailed in section 8.

2. Principal Duty Holder (PDH) Details (Primary Contact)			
(If you need to have separate contacts for different purposes, please let us know on a separate sheet)			
Title (Mr/Mrs/Miss/Ms/Other)	<input type="text"/>	Position	<input type="text"/>
Surname	<input type="text"/>		
Forename(s)	<input type="text"/>		
Telephone number (if different)	<input type="text"/>	Mobile phone number	<input type="text"/>
Email address	<input type="text"/>		

3. Scope of Application

Please indicate below the nature of domestic fire alarm work that you undertake.

Scheme ¹			Tick
BAFE DS301: Design, Installation, Commissioning & Maintenance of Grade D Fire Detection and Fire Alarm Systems in Domestic Premises to BS 5839-6		Tick	
Design Module			£654.00 (1 Module) This also includes £156.00 non-refundable application fee
Installation Module			
Commissioning Module			£774.00² (2-4 Modules) This also includes £156.00 non-refundable application fee
Maintenance Module			
BAFE DS301 Annual Registration Fee: This fee is payable prior to registration and then annually in addition to surveillance fees. The whole fee is paid to BAFE for listing on their central register.			£60.00
TrustMark membership listed on the TrustMark website. This fee is payable prior to registration and then annually in addition to surveillance fees.			£108.00
Total		£	

Prices quoted are inclusive of VAT

4. Insurance

Employer Liability Insurance			
Insurance company		Policy number	
Cover (£)		Policy expiry date	
Public and Products Liability Insurance			
Insurance company		Policy number	
Cover (£)		Policy expiry date	
Professional Indemnity Insurance			
Insurance company		Policy number	
Cover (£)		Policy expiry date	
If you do not have insurance in place or would like to speak with our specialist NAPIT Insurance Team please tick here to request a quote and call back			<input type="checkbox"/>

5. Previous/other certification or legacy issues

If you have been a member of NAPIT before please provide your membership number:		
If you are transferring from another certification/registration body please state their name:		
In relation to the scope of membership applied for please answer the following questions:	YES	NO
Are you currently a member of another certification/registration body for these activities?		
Have you ever had certification/registration withdrawn or suspended?		
Have you ever made an unsuccessful application for membership?		
Do you have any open non-conformities, improvement actions or open complaints?		
Is there any open or pending legal action against the company relating to the activities applied for?		

Important Notes

- The prices on this form only relate to the application, and initial assessment, for certification/registration. Other fees will apply for other activities (for example reassessment, renewal, work notification, cancelled assessments) which can be found on the NAPIT website at www.napit.org.uk
- Pricing is based on an assumption that competence can be assessed in a single visit. Where this is not possible additional fees could arise, but this should be identified before the assessment goes ahead.

6. Geographical Coverage (please indicate the regions where you are active)									
England		Wales		Scotland		N.Ireland		Other (e.g. IoM, Jersey etc)	

7. Public Registers
Your company name, scheme membership number, and the status of your membership will be automatically made public. Successful applicants will be listed on www.napit.org.uk and details will be shared with relevant scheme administrators and other parties as described in the relevant NAPIT Scheme Rules³ .

8. Declaration by an Authorised Representative of the Company (this should be a Director, Partner or Owner of the Company)								
I confirm that the information provided in this application is correct and where applicable, I consent to share the details of any individuals named on this form or any supplementary form for the purposes of processing and maintaining any membership that may arise from this application. Any changes will be notified to NAPIT in writing.								
By signing this agreement, you authorise NAPIT to carry out credit checks on you and your business throughout the term of your membership, as required by the NAPIT Scheme Rules. ³								
I have read, understood and agree on behalf of the company named in this application to abide by the relevant NAPIT Scheme Rules ³ and all documents referred to therein. I understand that I may be asked to provide further information in order to progress with this application.								
<table border="1"> <tr> <td>Name</td> <td></td> <td>Position</td> <td></td> </tr> <tr> <td>Signature</td> <td></td> <td>Date</td> <td></td> </tr> </table>	Name		Position		Signature		Date	
Name		Position						
Signature		Date						

9. Promotional Code
A promotional code may be applied to this application only if provided by NAPIT or its supporting partners under applicable circumstances e.g. exhibitions/trade events, campaigns, promotional offers etc. Terms and Conditions ³ may apply.

10. Payment
In order for a NAPIT application to proceed payment for the total fees as calculated in section 4 must either be paid in full by card or BACS. Alternatively a NAPIT interest free Direct Debit payment plan can be arranged with our NAPIT Registration Team by calling us on 0345 543 0330 (option 1) or by requesting a call back by ticking below, Terms & Conditions ³ may apply. Once we receive your application, should your fees require recalculation you will be advised in advance of us processing your payment. For information about NAPIT's cancellation Terms & Conditions ³ please visit www.napit.org.uk

Payment by card	Please debit my credit/debit card with the total fees due including VAT: (NAPIT do not accept American Express)		£
Card number			
Expiry date		Start date (if shown)	
Security code (3 digits on back)		Issue number	
Card holder's Name As it appears on the card			
Card holder's Signature		Date	

Please tick

Payment by other means (tick where applicable)	Payment already arranged via NAPIT Registration Team	
	Request a call back by our Registration Team to discuss payment options (Card, BACS, Direct Debit)	
	Payment made via BACS (see bank details below, please reference your payment with your company name and postcode)	
	Account Name: NAPIT Registration Limited, S/C: 20-48-67, Account Number: 40696536	

Important Note

3. For NAPIT Scheme Rules and Terms and Conditions please visit www.napit.org.uk

BAFE DS301 Scheme – Key Personnel (Registered Individuals)

(refer to the document “NAPIT Registration Guide to Qualifications Requirements – Electrical”)

Qualified Supervisor 1: Tick all that apply

Design	<input type="checkbox"/>	Installation	<input type="checkbox"/>	Commissioning	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>
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A. Personal details (these will be held in accordance with the Data Protection Act)			
Title (Mr/Mrs/Miss/Ms/Other)		National Insurance No.	
Surname		Date of birth	
Forename(s)			

B. Details of qualifications held (Please refer to the Qualifications Guide – Electrical)			
Area of competence	Guide List	NAPIT Code	Date Gained
The Design, Installation, Commissioning and Maintenance of Grade D Fire Detection and Fire Alarm Systems in accordance with the current version of BS 5839-6	10		
BS 7671 Wiring Regulations knowledge competence	4		
Main (core) electrical installation competence (only required for the Installation module)	1-3		

C. Indicate how many years of responsibility you have for the technical standard of Domestic Fire Alarm work	
The Design of Grade D Fire Detection and Fire Alarm Systems	
The Installation of Grade D Fire Detection and Fire Alarm Systems	
The Commissioning of Grade D Fire Detection and Fire Alarm Systems	
The Maintenance of Grade D Fire Detection and Fire Alarm Systems	

D. Details of domestic fire alarm competence history (applicants should demonstrate at least 2 years' responsibility for the technical standard of Domestic Fire Alarm work)			
Date From	Date To	Employer / sole trading or training organisation	Role held

Qualified Supervisor 2: Tick all that apply

Design	<input type="checkbox"/>	Installation	<input type="checkbox"/>	Commissioning	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>
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Date From	Date To	Employer / sole trading or training organisation	Role held

Please enclose/email:

Copies of all qualifications/certificates indicated above (or evidence of previous registration for section C).

Email us a clear head and shoulders image from any device or send us two copies of a head and shoulders photograph with the name of the individual clearly written on the back.